

Effects of an Advance Care Planning Training Program for Certified Palliative Care Nurses in Japan

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Introduction

Advance care planning (ACP) is a comprehensive process in which patients, their families, and healthcare professional share their concerns and values regarding future treatment and recuperation, and plan their care in preparation for a future decline in decision-making capacity.

Awareness of the importance of ACP is increasing in Japanese cancer medicine. Only approximately 30% of doctors and nearly 20% of nurses recognize that they are actually practicing ACP. A barrier to ACP is the lack of knowledge and skills. In order to promote the practice of ACP in Japan, it is necessary to educate medical professionals about ACP.

Certified nurses are involved in the practice, guidance, and consultation in a specific nursing field. Certified palliative care nurses are facilitating the practice of ACP as the medical professional closest to a patient's family. In order to apply ACP to more cancer patients in Japan in the future, it is essential to have certified palliative care nurses who have expertise in ACP palliative care, have high technical standards, and lead the team to practice ACP.

However, there is no training program in Japan where nurses can systematically learn knowledge and skills related to ACP.

The purpose of this study was to develop a training program that enables systematic and practical learning of ACP in consideration of Japanese medical care and culture, and to determine the effectiveness.

Methods

The survey mailed a document describing the purpose, content, and ethical considerations such as voluntary participation in the study to palliative care certified nurses in Kyushu, Chugoku, and Shikoku, and those who wished to participate applied online.

The sample size was 34 or more was required for the intervention group and the control group, but since the control group was 5 people, the pre-post design of 1 group was used. The Wilcoxon signed rank sum test was conducted to verify the effects of the intervention.

To select the contents of the training program, we reviewed ACP guidelines and training programs. The following topics were extracted: definition of ACP, ethics, legal basis, effectiveness of ACP, system construction, and communication. The program was structured to provide group education in 4 modules with 12 topics group. The training method was designed so that lectures and group work were introduced so that participants could share issues related to ACP and discuss solutions. All training was conducted by the researcher and conducted in person.

Data were collected at three time points: before training (baseline: T0), immediately after training (T1), and three months after training (T2). Before the start of the training day (T0), participants answered the questionnaire. Immediately after training (T1), the program was evaluated using the questionnaire survey. Three months after the training, participants completed a questionnaire that included the same items as before the training.

Results

Forty-four out of the 60 participants who underwent the training program responded to the survey three months later. We analyzed the responses of 39 participants (65%), excluding those with missing values. The average age of participants was 43.21 ± 6.45 years, and the average years of experience of certified palliative care nurses was 5.05 ± 3.15 years.

The results obtained showed an increase in dialogue on ACP among patients/families and healthcare professionals (mean before the intervention = 24.49, mean after the intervention = 27.59, $p = 0.045$), and a significant decrease in the sense of difficulty with knowledge of and skills for ACP (mean before the intervention = 4.85, mean after the intervention = 4.30, $p = 0.001$). The grades of the stages positively changed from T0 to T2 in 19 (48.7%) participants, remained unchanged in 14 (35.9%), and negatively changed in 6 (15.4%). More than 90% of the participants gave positive comments on the evaluation items such as understanding and satisfaction with the educational program and appropriateness of the contents.

Conclusion

After attending the training program, participants' sense of difficulty with their knowledge of and skills for ACP decreased, and their practice of ACP increased. This program may promote the practice of ACP for cancer patients in the future.

Further studies are needed to clarify the effectiveness of the program by expanding the target area and implementing the program for a larger number of subjects.